

PATIENT INSURANCE VERIFICATION REQUEST FORM

PLEASE FAX FORM TO CONVATEC TRIAD LIFE SCIENCES, LLC REIMBURSEMENT HOTLINE: 888-980-1176

PHONE 888.767.4849

EMAIL: REIMBURSEMENT.WOUND@CONVATEC.COM

NEW PATIENT RE-VERIFICATION ADDITIONAL APPLICATIONS NEW INSURANCE

CONVATEC TRIAD LIFE SCIENCES, LLC SALES REPRESENTATIVE NAME:

PATIENT AND INSURANCE INFORMATION

Patient Name: Date of Birth:

Address: City: State: Zip Code:

Is the patient currently residing in a nursing home or skilled nursing facility? YES NO

If patient is currently under a surgical global period, please indicate date and procedure (CPT code) done:

Procedure (CPT) code(s): Date of Procedure:

Primary Insurance: Policy #: Payer Phone #:

Secondary Insurance: Policy #: Payer Phone #:

Tertiary Insurance: Policy #: Payer Phone #:

Workers Comp Claim #: Adjusters Name: Adjuster Phone #:

PHYSICIAN AND FACILITY INFORMATION

Physicians Name and Specialty:

NPI #: Medicare (PTAN) Provider #:

TAX ID: Medicaid Provider #:

Office Contact: Phone #: Fax #:

- TREATING FACILITY PLACE OF SERVICE (POS): Hospital-Based Outpatient Wound Department (HOPD - POS 22) Ambulatory Surgery Center (ASC - POS 24) Physician Office (POS - 11) Other (Please specify e.g., Critical Access Hospital or POS 19 Off Campus):

Facility Name:

Address: City: State: Zip Code:

NPI #: Tax ID #:

Medicare contractor (MAC) and Provider ID (PTAN) for claims processing:

PRODUCT AND TREATMENT INFORMATION

Product: InnovaMatrix AC InnovaMatrix FS Application Codes: Anticipated Treatment Start Date: Number of Applications: Frequency:

Total Surface Area of All Wounds:

Table with 4 columns: Diabetic Foot Ulcer, Venous Leg Ulcer, Pressure Ulcer or Chronic Wound, Other. Includes E Code and L Code fields for each.

AUTHORIZATION TO RELEASE INFORMATION

By signing below, I certify that I have obtained a valid authorization from the patient listed on this form, permitting me to release the patient's protected health information to Convatec Triad Life Sciences, LLC Hotline and its contractors as necessary to obtain insurance coverage and payment information regarding Convatec Triad Life Sciences, LLC Products and Treatments. Physician or Qualified Healthcare Professional Signature: Date:

Please fax this form along with a copy of the front and back of the patient's insurance card(s) and any additional pertinent information such as the patient's demographic sheet to 888-980-1176.

Disclaimer: The Reimbursement Hotline is offered as an information service only. Please keep in mind that this information represents a summary of information provided by the insurer which may change from time to time. Third-party payment is affected by many factors; therefore, Convatec Triad Life Sciences, LLC cannot guarantee of coverage or reimbursement now or in the future. It is the provider's responsibility to determine and submit the appropriate codes and modifiers for any treatment rendered.